

was evidence of a beginning neutro endocarditis involving especially the tricuspid valve. In both lungs there was confluent hemorrhagic bronchopneumonia. The spleen showed inflammation, with edema and passive hyperemia. In the kidneys there was no gross pathological change, and in the liver there was cloudy swelling. Cultures made from the organs of the child showed abundant colonies of streptococci. Over the lungs there were also a few colonies of *Staphylococcus aureus* and *albus* and many colonies of streptococci. Examination of the organs showed diffuse bronchopneumonia, streptococcus, septic nephritis, acute infection of the spleen, the streptococcus being the cause of the condition. The mother of the infant had a mild attack of influenza and recovered without complications. We must believe that the child was infected before birth.

Placental Tissue as a Galactagogue.—CORNELL (*Surg., Gynec. and Obst.*, November, 1918) had the placenta of cows prepared by washing and drying and putting up in 5-grain capsules. These were given four times daily for twelve doses. The first dose was given as soon as the patient was able to take nourishment and had rest after labor. This generally occurred within twelve hours after delivery. There was no disturbance in digestion, and while a few patients objected to the odor of the preparation, aside from this there was no trouble. The placenta was used in more than 100 cases, but as the results were not satisfactory in the first cases only the last 100 cases have been selected. To compare methods of treatment, 70 other patients in the hospital at the same time and on the same floor and using the same food were investigated to observe their lactation. In the small ward containing three beds one or two of these patients would receive placental tissue while the other would not, but the patients were cared for by the same nurses. The results are tabulated, showing the age, nationality and general health of the patient, the method of delivery and the character of the puerperal period. It is concluded from this study that placental tissue has a favorable effect in the production of breast milk. The nationality, age and general condition of the mother and the sex of the infant have no influence on this result. Of those mothers who did not receive this preparation their infants began to gain on the fourth and fifth day after labor in 69 per cent. of the cases. Of those mothers who received this preparation their infants began to gain in weight on the fourth and fifth days after labor in 87 per cent. Of those mothers who did not take the placental extract, 24 per cent. of their children had regained their birth-rate before leaving the hospital, while of those who had taken the placental extract 44 per cent. regained their weight. The reviewer has recently tested dried placental extract in 3-grain doses, given three times daily after food, for several weeks. The results have been distinctly favorable, especially in women whose general nutrition was poor and when the general development of the woman was considerably below par.

Rotation of the Head by Forceps in Occipitoposterior Position.—BILL (*Am. Jour. Obst.*, December, 1918) has rotated the head with forceps in 249 cases. In 170 the position was right occipitoposterior and in 79 left occipitoposterior. In 104 cases the head was at the pelvic brim,

its greatest diameter not having passed through. In 88 cases the head was in the pelvic cavity above the spines of the ischia and had not entirely passed through the os. In 43 the head was in the pelvic cavity and had entirely passed through the os and in 14 the head was at the pelvic outlet. Among these 14 cases were 11 in which the occiput had turned into the hull of the sacrum, the sagittal suture lying in the antero-posterior pelvic diameter. The forceps was applied to the sides of the head and the head rotated through the smaller arc of the circle. This varied from 100 to 180 degrees. There was no difficulty in any of these cases and the first essential was the accurate diagnosis of the exact position of the head so that the forceps could grasp it with an accurate application. If the instruments are turned in such a manner that the blades lie continually in the same axis any sort of good forceps may be used. Those with solid blades are preferable because they are more easily applied, the blades take up less room in the pelvis, the smoothness of the blades helps the rotation and they are more easily removed after the rotation is complete. The concavity of the pelvic curve with forceps should look toward the front, that is toward the child's face, in cases of posterior position. So far as the child's head is concerned this in reality gives a reverse application of the forceps. Complete flexion must be secured before the forceps blades are locked. The handles are then raised in the direction of the child's face and then carried around in a large circle, first toward the patient's thigh and then posteriorly. This tends to favor flexion of the head and a large sweeping movement of the handles tends to keep the blades of the forceps in the same axis throughout the rotation, thus allowing the head to turn without difficulty. Traction is not made until the head is in the normal anterior position, and if the rotation be properly carried out no force is required during the rotation. The handles of the forceps must not be twisted but must be carried through a large circle and traction must never be made while rotation is being accomplished. If the head is too firmly fixed in the pelvis its position may be altered slightly in order to effect rotation. The head should never be drawn down first before rotation is performed. After rotation is complete the forceps occupies a reverse position and the instrument must be removed and reapplied; but before removal it is well to make slight traction and fix the head in its new position and prevent a return to the old position. In very rare cases the head slips back before the reapplication is made and has outturned again. In making the reapplication the posterior blade should be first inserted and applied. After rotation there is usually very little difficulty in effecting delivery. While manual rotation has in some cases proved satisfactory, the forceps is better, as it gives more efficient control of the head. The operator must decide in each case as to the best time for carrying out each maneuver. The essentials of success in this method of treatment are the absolute diagnosis of the position and true cephalic application of the forceps, rotation without traction. The sweep of the handles of the forceps through the large circle, very slight traction to fix the head in its new position and the application of the posterior blade first and the second application of the forceps. This maneuver eliminates the necessity for excessive force in the delivery of abnormal cases and makes comparatively simple and easy the extraction of the head when it presents with the posterior position.